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Clark County Regional Support Network Policy Statement

Policy No.: QM07
Policy Title: Cultural Competence
Effective Date: September 1, 2001


Policy: The CCRSN shall have a culturally competent system of care that enables providers to work effectively in cross-cultural situations with all Medicaid eligible consumers who are or will be receiving mental health treatment services.

Reference: WAC 388-865, Washington State Mental Health Division RSN contract, Washington State Mental Health Division Measures of Cultural Competence, Clark County Provider Contract Agreements, CCRSN Policy and Procedure QM07-A Clinical Practice Standards for Cultural Competency

Procedure:

1. Provider agencies shall establish and implement culturally competent written criteria for admissions, placements, transfers, and discharges for under-served populations including, but not limited to, children, older adults, ethnic minorities, persons with disabilities, and blind or hearing-impaired individuals.
2. Provider agencies shall use DSHS certified interpreters or certified bilingual clinicians to ensure that Limited English Proficient (LEP) minority consumers, whose primary spoken language is one of the prevalent languages as specified by DSHS, are able to adequately communicate their needs for treatment. Provider agencies shall also use DSHS certified interpreters or certified bilingual clinicians to ensure that Limited English Proficient (LEP) minority consumers are able to communicate adequately throughout the course of services. Family members or non-certified interpreters are not eligible to provide interpretation services.
3. Provider agencies shall use DSHS certified interpreters or certified bilingual clinicians to insure that Limited English Proficient (LEP) minority consumers are able to adequately participate in treatment and in the formulation, review, or modification of the individualized treatment plan. Additionally, certified interpreters or certified bilingual personnel shall be used to assist LEP minority consumers with communication needs in any complaint/grievance process.
4. Provider agencies shall directly and immediately involve minority mental health specialists as well as certified interpreters or certified bilingual clinicians to assist in crisis intervention or ITA evaluations with LEP minority consumers. The use of minority specialists and certified interpreters or certified bilingual clinicians shall be for purposes of resolving crises in the least restrictive manner possible in order to reduce risk of voluntary/involuntary hospitalization of the LEP minority consumer.

5. Provider agencies shall assure consultation/review of all intake/assessments, individualized treatment plans, treatment reviews, modification of treatment services, and service terminations by appropriate minority mental health specialists for under-served populations. Provider agencies shall make reasonable efforts to incorporate specialists' recommendations into consumer service plans.
6. Provider agencies shall make available written materials, including brochures and other materials, describing available services in languages other than English and shall make provision for disseminating such information to visually impaired consumers and consumers who are unable to read. Included in such brochures or disseminated information shall be instructions for initiating grievance procedures as well as contacting the Ombuds and local advocacy groups (NAMI and CVAB).
7. Provider agencies shall make provisions for services to ensure that the Washington State Mental Health Division parity targets are met for the CCRSN. The numbers from the Mental Health Division shall be forwarded to the agencies when the contract is signed.
8. Provider agencies shall participate in the CCRSN-sponsored monthly Cultural Competency Committee.

Approved By: 
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Date: 10-7-04